

Q# 1576

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Evidentiary Document No. 5064B.

INTERNATIONAL MILITARY TRIBUNAL FOR THE FAR EAST

NO. 1.

UNITED STATES OF AMERICA AND OTHERS

ARAKI, SADAO AND OTHERS.

1. BURNETT LESLIE WOODBURN CLARKE of BRISBANE in the STATE of QUEENSLAND, MEDICAL PRACTITIONER, make oath and say as follows:-

I was QX.22806 MAJOR B.L.W. CLARKE, 2/13 A.G.H. 7 AUST. DIVISION, when I became a prisoner of war in the hands of the Japanese Forces.

2. We were captured on the 13th February, 1942, two days before SINGAPORE fell. Our hospital was left alone until approximately 20th February, 1942. A series of Japanese came out, had a rough look over the hospital and told us we had to be moved out to SELERANG BARRACKS within five days.

3. We had approximately 1800 patients on our hands. Two thirds were battle casualties. We asked for time to allow some of these seriously wounded men a chance to recover. The Japanese refused. They supplied us with/certain amount of transport. By over-crowding the vehicles with men and material, everybody received transport to the new area.

4. On arriving at SELERANG we were given a long barrack building which we had to clean up. By cleaning up, I mean wreckage had to be shifted where shells and bombs had exploded. The space allotted to each man was 6 ft. by 3 ft. with no provision for passages between the beds which were jammed up against each other.

5. Our ration of water was one quart per man per day for all purposes. This water was infected and had to be sterilized by boiling before we could drink it. The fuel ration was 2½ lbs. of wood per man per day.

6. It was extremely hot at the time and naturally a great deal of contaminated water was drunk by the men. Dysentery followed. I am not quite certain of the figures, but I believe 5,000 out of 12,000 men got dysentery in the first three months. In addition the hygiene system had completely broken down. The Japanese did not give us any tools to dig latrines. This helped the spread of dysentery. It was approximately ten weeks before they would give us any tools or covering for the latrine pits.

7. After being in SELERANG for two weeks we were ordered to move to ROBERTS BARRACKS about one and a half miles away, the Japanese idea being to make one combined hospital in a separate area. A limited amount of transport was given for this second move, so that really only the sick were transported. The rest walked. Conditions in ROBERTS BARRACKS were worse than in SELERANG. A tremendous amount of damage had been done by bombing and shelling and we had to clean this area up in the same way as we cleaned up SELERANG. We repaired

various buildings, using a little bluffing to get some of the things we wanted. In the meantime the Japanese had put us all on the I.J.A. ration which consisted mainly of rice. Our medical men pointed out that this diet was definitely deficient in proteins, fats, vitamins, etc., and that within two months deficiency diseases would follow, and in April 1942, a large number of men came in suffering from beri beri. This was followed in subsequent months by a great many other deficiency diseases, such as amblyopia, scrotal dermatitis, glossitis, stomatitis, pedalgia (happy feet) and various forms of paralysis. An appeal was made to the Japanese for rice polishings to counteract some of these deficiency diseases.

After some considerable delay, approximately two months, they gave us some rice polishings and told us we could buy some more from them. In my own private opinion the Japanese showed no interest in our food at all. That was the general attitude of the Japanese.

8. My own personal problem was in connection with my skin ward (I was A.I.F. dermatologist) and with the lack of dressings and medical supplies, an appeal for dressings was answered by receipt of a truck load of old clothes, towels, various discarded bits of linen and other fabric which we had to sterilize ourselves, with no increase in water or fuel ration to help us.

9. About the end of 1942 approximately 150 men were brought in from Kuala Lumpur Gaol. These men had been cut off during the war, incarcerated and, in addition to the ordinary deficiency diseases, they were covered with scabies. Up till that time we had no scabies. After this we were not able to eliminate scabies from the prison area in Changi, mainly because the Japanese would not give us any extra medical supplies or dressings. Requests for such matters as hot baths failed to rouse the interest of the Japanese. However, by careful management on our part, we could give a certain number, roughly 40, hot baths per day. More vital drugs of the penzol group were refused. Scabies rapidly became infected and opened up the way for diphtheria involving the skin. In the early days we had brought in some anti-diphtheria serum, but the Japanese gave no replacement to my knowledge until 1945, and then only very limited amounts, so that only selected serious cases could get the serum. Certain skin diseases, such as tinea, reached tremendous proportion and after our own limited supply which we had brought into the camp had run out, the Japanese only gave us the barest minimum which was totally insufficient to cope with the outbreak of skin diseases.

10. Malaria: Before the war Singapore and lower Johore were malaria free. Japanese made no attempt to control the spread of malaria with the result that over 80 percent of the prisoners were infected with malaria. Owing to the limited supply, our treatment of malaria was totally inadequate. Large numbers of patients who have returned to Australia can tell of 30, 40, or 50 recurrences.

11. With regard to deficiency diseases, appeals were made to the Japanese for rice polishings to counteract some of these deficiency diseases.

3.*

response was negligible, but we had been able, by what amounts to bluffing, to get the Japanese to pass over to us large quantities of Marmite which we knew was stored in the British Medical Depot in Singapore. Sometimes the quantity given was adequate, but more often it was totally inadequate. We were reduced to rationing Marmite amongst the very sick. It was impossible to use it as a prophylactic.

12. For the first five months about two ounces of meat per man was brought into the camp twice a week. This ran out about August. A Red Cross ship came in in September 1942 and the Japanese delivered to us fairly large supplies which carried us on for three months. We received food and some medicines. The food consisted of such things as bully beef, ovaltine and marmite. Personal observation here is that it was the intention of the Japanese to fatten the men up prior to removing large parties to other parts. These big parties began to leave CHANGI in late January 1943 up to May 1943. It was subsequently found that the parties referred to had been sent mainly to Burma, Thailand, Borneo, and Japan. After these parties had gone conditions temporarily improved owing to the exodus of such a large number of men. The Japanese said they were going to substitute fish for meat. The majority of the load of fish that was brought into camp consisted of little things about 2" to 3" long which appeared to be several days old and in the majority of cases, were totally inedible. We used them for fertilizer for our gardens.

13. In December 1943, a large portion of F Force returned from the Burma-Thailand Railway. These men were in a shocking condition suffering from gross attacks of beri beri in its various types, malaria, tropical ulcers and gross debility. The loss of weight was simply appalling. The average loss of weight would appear to be in the neighbourhood of 70 to 80 lbs. per individual.

14. Approximately 80 percent of these men had to be admitted immediately to hospital, and we were confronted with three serious problems - (1) The lack of beds of any sort for the men; (2) the replacement of clothing, and (3) the enormous drain on our minimum medical and food supply. To my knowledge the Japanese made no attempt to replace any hospital equipment such as beds, bedding and other important equipment until after the 16th August 1945. Many of the men who returned from Thailand F Force had to lie on bare boards or on the concrete floors. We appealed for clothing but the appeal fell on deaf ears.

15. Early in 1944 more parties were returned from other parts in the same state.

16. In April or May 1944, after many appeals to the Japanese, they decided to set up another hospital at Kranji. The remainder of our beds and bedding was sent out to Kranji where it was the intention to establish a 600 bed hospital essentially for the treatment of chronic cases such as T.B., gastric ulcers, etc. This hospital came under combined British and Australian control while we were left in Changi with prac

ordered the whole of the area to be vacated and a hospital set up in the outskirts of Changi Gaol. Here the men were housed in 100 metre huts and approximately 220 men had to be accommodated in these huts. The huts were built of bamboos, coconut palm and other jungle material. Many of them were not even waterproof. The men lay on platforms, the space for each bed was 6 ft. by 3 ft. for all purposes. Further appeal for some sort of bedding, blankets etc., was refused.

17. Medical supplies and dressings were almost exhausted. The Japanese refused to replenish them. Many of us endeavoured to devise means of overcoming these difficulties regarding drugs, e.g. iron as a tonic for anaemics was made in our camp by our Engineers. The lack of supply of vitamin was to a certain extent overcome by extracting the juice from grass and certain local flora. The Japanese did not make any attempt to interfere with our own efforts.

18. After removing to Changi Gaol area in June 1944 the food position became acute. The Japanese greatly reduced the ration so that early in 1945 the men were showing very definite signs of emaciation which gradually got worse and worse until the surrender.

19. Coinciding with this gross emaciation there was a tremendous increase in the sickness rate. The men were in such a debilitated state they easily contracted any other diseases, such as boils, many of which became infected with diphtheria; lung condition such as T.B. and pneumonia; while as a result of the shocking diet the men developed various forms of dysentery and many forms of diarrhoea which resulted in many deaths.

20. The difficulties all the time were being increased by the arrival of large parties of Dutch, British, and Australian, prisoners of war from Java, Sumatra, and other parts of the N.E.I. All of these were in an appalling condition and no help was given by our hosts regarding food, medical supplies, or the elementary requirements of an ordinary camp.

21. The lack of clothing was having a very disastrous effect on the men and in about February 1945 a disease which we regard as pellagra established a firm hold on the prisoners of war. I am definitely of the opinion that had the Japanese supplied us with reasonable clothing and reasonable food this outbreak would have been averted.

22. Right through the whole period that we were interned it was impossible to eradicate scabies, tinea in its many forms, dysentery, malaria and the general deficiency diseases such as beri beri, palagra etc. My own private opinion was that the Japanese desired to exterminate us by these means. Their attitude was one of total indifference and the results were only to be expected.

23. On approximately the 16th of August 1945 the Japanese brought into our camp enormous quantities of food and medical supplies.

blanket, one pair of shorts, shirt, boots, socks. The food supply was extremely extravagant, the rice issue jumped from 12 to 30 ounces per day, tons of butter, cheese, milk and meat were brought in such huge quantities we could not possibly handle them. I saw the mark "NORCO" on some of the butter. This food was in quite good condition and although the date on one parcel of New Zealand butter was 1933, it was still good. In addition enormous quantities of medical supplies were brought in, including vitamins atabrin, and other drugs, which we had been desperately wanting over the last three years. We believe this material had been available all the time

24. As regards the Red Cross, my observations were that a Red Cross ship came in in September 1942 and for three months good supplies were handed to us. In March 1944 a small shipment of Red Cross food was brought in which lasted about three weeks. The next was in March 1945. One Red Cross parcel, approximately 7 lbs., was distributed between 28 men on Wednesdays and Sundays. That lasted ten weeks. This food really only acted as flavour. On many occasions we saw Japanese smoking Camel and Player cigarettes. The packets were quite fresh. They were similar to the ones the Red Cross issued to us after the Japanese surrender. On several occasions I saw Argentine Bully Beef tins discarded by the Japanese. Argentine Bully Beef was supplied to us after the Japanese surrender.

25. The only marking on the hospital was a Geneva flag in the middle of the camp. Lights out was at 10 p.m. and we were not allowed to use lights in the wards after this time. Japanese guards used to come to the hospital for treatment.

26. The Japanese D.D.M.S. of Changi was Capt. Suzuki. I personally interviewed him on more than one occasion. I made many requests of him; none were acceded to. I cannot recollect him granting any request.

27. In approximately September 1944 the Japanese issued three scales of diet; heavy duty, light duty, and no duty. This meant that the sick men got only half the ration of a man on heavy duty. The heavy duty ration was in our opinion, totally inadequate even for a man in a sedentary occupation. This continued until the day of surrender.

28. The Japanese also refused to pay anybody who was not on duty. In other words - no pay, no food for the sick men.

SWORN BEFORE ME AT BRISBANE ON THE)
13TH DAY OF SEPTEMBER, 1946.)

(Signed) E.L.W. CLARKE.

(Signed) A.H. DENKIN, J.P.
JUSTICE OF THE PEACE.

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證據書類第五〇六四B

極東國際軍事裁判所

第一

「アメリカ」合衆國其、他

「日本」其、他

「私」「クインスランド」州「ブリスベイン」出身。開業醫。「バアネット」
「スウィットウォーター」パーク。ハ茲ニ宣誓書ニ署名シテ、如ク證言
致シマス。

私が日本軍、キニ俘虜トナツタ時、豫洲第七師團ヲ陸軍病
院附少佐「ビィ・エル・ググリニ」ク「(Q. Xニハカス)」トシマ
シタ。

ニ我々ニ急二年(昭和十七年)二月十三日新嘉坡西落二日前俘虜トナリマ
シタ。我々ノ病院ニ大凡九百二年(昭和十七年)二月二十日頃迄其、儘ニア
リタガ一隊、日本人ガヤツテ来テ病院ヲザット見廻シタ後、五日以内ニセ
シラニク、兵舎ニ移動シサケレバナリヌト申シ渡シマシタ。

三我々ノ病院ニ大凡千八百人、其、中者ガアツタガ其、中、ニ戦傷者
アリタ。我々、重傷患者ガ回復スル迄猶、隊ヲ願ヒ出タガ日本人、
之ヲ拒絶シマシタ。日本人、或ル程度、輸送ガ我々ニ提供シテ
呉リタ。人ト荷物トガ車ニハキニ詰メ込ニテ、全員新ニイ地域
ノ人運バシマシタ。

四「セトラニク」ニ到着スルト長キ一棟ノ兵舎ヲ提供サシ、我々、是ヲ掃除
シサケレバナリカッタ。掃除ト云フ、ハ砲彈、ヤ爆彈、破列表シタ

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殘骸物ヲ取り除カケレバナカッタデアル。各人が割當テラレタ場所ハ三尺ニ六尺デ、寢る間隙無ク並べテ、アリ、通路サへ準備サレテナカッタノデアル。

五、水ノ配給量ハ人當リ一日一「クォート」(約六合三ツ)デ之ヲ有ラユル用途ニ使用シナケレバナカッタ。此ノ水ハ黴菌ヲ含有シテイタノデ飲ム前ニ煮沸シテ殺菌シナケレバナカッタ。燃料ノ配給量ハ一日一人當リ二寸度半ノ新デアリマシタ。

六、其ノ頃ハ猛烈ニ暑カッタノデ自然ニ多量ノ不潔ナ水ヲ飲ム者ガ多クッタ其ノ結果赤痢ガ發生シタ。其ノ數字ハ餘リ確カデハイガ一萬二千名ノ中五千名ガ最初ノ三ヶ月間ニ赤痢ニ罹ッタト思ヒマス。其ノ上衛生設備ガ全ク破壊サレシマッタガ、日本人ハ我々ニ便所ヲ掘ル器具ヲ與ヘテ呉レナカッタ。是ガ赤痢ノ蔓延ヲ助長スルトゴロトナッタ。約十週間経ツテカラ初メテ日本人ハ器具或ヒハ便所穴ノ蓋ヲ與レタノデアッタ。

七、二週間「セララング」ニ滞在シタ後、一哩半ハカリ離レテイル「ロバアーツ」兵舎ニ移ルヤウニ命ゼラレタ。日本人ノ考ハ別ノ地方ニ一ノ聯合病院ヲ造ルコトデアッタ。此ノ第二回目ノ移動ハ極ク限ラレタ輸送力ガ提供サレタノデ病人タケガ乗物ヲ送ラレ、他ハ徒歩ヲ移リマシタ。「ロバアーツ」兵舎ハ「セララング」以上ノ悪イ状態デアッタ。爆撃ヲ受ケテ莫大損壞ヲ蒙ンテ居リ、我々ハ「セララング」ヲ掃除シタト同様、此處モ片付ケナケレバナカッタ。我々ハ各種ノ建物ヲ修繕シタ、ソレテ欲シイ物品ヲ獲ル爲メニハ多少日本人ヲ騙シタ事モアッタ。其ノ内日本人ハ我々全部ノ糧食ヲ米ヲ主トスル日本帝國陸軍配給制ニシテシマッタ。我々ノ醫者

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連中、此、食物、明ラカニ蛋白質、脂肪、「ウイタミン」等が不足シテ居ルコト。又二月以内ニハ此等、眼症患者が發生スルコトヲ指摘シタ。斯クテ一九四二年四月ニハ多數ノ者が脚氣ヲ苦シムニ至ッタ。其ノ月以後多數其、他各種、缺乏症、例ヘバ視力薄弱、陰囊炎、皮膚炎、舌炎、口内炎、「ペチアルダ」足、疾患」其、他各種ノ麻痺症が引續キ起ッタ。此等ノ缺乏症ヲ緩和スル爲メ糠ヲ呉レルヤウ日本人ニ訴ヘ出マシタ。

相當期間（凡ニ二月）ノ経過、後、若干量、糠ヲ支給シテ呉レタエ、モット入用ナラ日本人カラ買ハント謂ハレマシタ。私個人、考テ、日本人ハ我々食物ニ付テ全然何ノ關心モ持ツテ居ナカッタ。コレが日本人一般ノ態度ヲ多ク。

八、私個人トシテ問題ハ皮膚病至關係スルモノデアル（私ハ濠洲步兵部隊皮膚病専門醫デアリマシタ）。繃帶及ニ藥品が不足シテ居ラ、繃帶ヲ要求シタトコロ、トラック一杯ニ積シタ古着、古タオル、足不
用ニシタ布、端切トカ其、他ノ纖維が到着シマシタ。コレ等ハ我々自身ヲ消毒シナケレバナラナカッタ。又我々ヲ助ケル爲メ水や燃料ノ増配ハナカッタデアリマス。

九、一九四二年（昭和十七年）ノ末頃又凡ニ百五十名が「クワラル」プール刑務所カラ連シテ来ラレタ。此ノ人達ハ戰爭中渡斷セラレ投獄サレテ居タモノガ普通、缺乏症ニ罹ツテイレ上ニ疥癬デ身中ヲ覆ハレテ居リマシタ。其ノ時迄我々方ニ疥癬ハ無

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カッターデアルが其後「マラリヤ」傳染收容所地域カラ齊癩ヲ
除去スルコトハ出来ナカッタ。其ノ主ナル原因ハ日本人が何等
臨時ノ藥品及ビ繻帶ヲ供給シテ呉レナカッタ爲デアル。

溫疹等ニツキ要求ラシタデアルが何等日本人ノ注意ヲ引
クコトモ出来ナク終ツタデアル。シカシ我々ノ方デ充分注意シ
テ適切ノ準備ラシタデ一日大凡四十人ノ者ニ溫疹サセルコトガ
出来ニシタ。「ベジバル」類デモット重要ナ藥品ハ供給シテ呉
レナカッタ。齊癩ハ急遽ニ蔓延シテ皮膚病ノ「ダフテリア」
ノ原因トナルニ至ッタ。當初我々ハ「マラリヤ」豫防血清ヲ持
ツテ来タデアルが、私ノ知ツテ牛ノ乳ヲ日本人ハ一九四五年度補
給シテ呉レナカッタ。シカモ其ノ補給ノ種メチ限ラシク少量
デアッタデ、重症患者ノミシカ血清ヲ受ケラレナイ状態ニ
アッタ。輪癩ノ様ニ或ル種ノ皮膚病ハ非常ニ割合ニ達シ
我々が收容所ヘ持ツテキタル限ラシク藥品が全部消費サレタ
後、日本人ハ殆ド「マラリヤ」最モ限度量ヲ支給シテ呉レタガ、ソレ
ハ皮膚病發生ニ對抗スルニハ全ク不充分デアッタ。

十「マラリヤ」戰前新嘉坡及下「マラリヤ」ニハ「マラリヤ」
ハ無カッタデアル。日本人ハ何等「マラリヤ」傳染ヲ防グチラ打
タナカッタ。其結果慘虐ノ中ハ割以上モ「マラリヤ」ニ感染ス
ルニ至ッタ。藥品類ガ制限サレテ「マラリヤ」ニ對スル治
療ハ全然不充分デアッタ。漳州ニ帰還シタ多數患者ハ三人、四十
人、或ハ五十人ノ再發者ノ出現物語ノ事ガ出来タマツ。

十一 缺乏症ニ付テハ食事ノ改善及「ウイタミン」ノ供給トヲ
日本人ニ訴ヘマシタガ、其ノ反應ハ問ノニ足ラナイ程デ

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No. 5

アツタ。併ニ騙ス様ナ手段デ我々が以前カラ
知ツタ。新嘉坡、英國醫藥貯藏所ニ貯
ヘテアツタ大量ノ野菜「エツキス」ヲ日本
人が我々ノ方ニ渡スマウニ成功シタ。

或ル時、我々ニ渡サシタ量ニ充分デアツタ
ガ、度々ソレハ金ヲ不充分デアリマシタ。

我々ハ重症患者中ニエツキスヲ分配スル
ヤウ制限ニサケレバナラナカッタ。

我々ハソレヲ豫防藥トシテ使用スルコ
トハ不可能デアリマシタ。

十二 最初五ヶ月間ハ收容所ニハ一週間二回一
人当リ約二オンス(約十五匁)ノ肉ガ持テ
マシタガ、八月頃ニハ之ハ無クナツテシ
マツタ。一九四二年(昭和十七年)九月ニ
赤十字船ガ入港シ日本人ハ我々ニ可ナリ
ノ量、補給ヲシテ安シタノデ、其、後三ヶ
月間ハ持テ堪ヘル事ガ出来タ。我々ハ食料
及若干ノ醫藥品ヲ支給サシタノデアルガ
食料ハ罐詰牛肉、オバル等及ビ野菜
「エツキス」ノ様ナモノデアツタ。私ノ個人的觀
察デハ之ハ大部隊ヲ他ノ方面ニ移動サ
ス前ニ停滯達ヲ太ラセルト云ハガ日本
人ノ意圖デアツタノデアル。此等、大部隊

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ハ一九四三年(昭和十八年)一月末カラ、同年五月迄ニ「ヤンギ」ヲ出發ニ始メタ。今申シエケタ各部隊ハ主トシテ「ビルマ、泰國、ボルネオ」及ビ日本ニ送ラレタト云フ事ガ其ノ後判明シタ。此等、部隊ガ出發シタ後、大勢ノ人々ノ退去、為一時的ニ状態ハ良クナツタ。日本人ノ内、代リニ魚ヲ給與スルト言ヒマシタガ、收容所ニ持ッ込マシタ。果、大部分ハ二時カラ三時位、長サ、小サナモノデ見タトコロ数日経ツタ古イモノラシク大體、場合全ク食ベル事が出来タクテ農園、肥料ニ使ヒマシタ。

十三 一九四三年(昭和十八年)十二月下部隊、大部分ガ「ビルマ、泰」鐵道カラ歸ッ來マシタ。此等、兵達ハ總体ニ各種ノ酷イ脚氣「マラリヤ、熱帶潰瘍、及酷イ衰弱ニ悩ンデ居リ、慘澹タル状態デアツタ。體重、減少ハ眞ニ驚クベキモノガアリ、平均體重、減少ハ一人當リ七十乃至八十封度前後デアルヤウニ見受ケラレタ。

No. 6

十四

此等、兵達、約八割ハ直ニ病院へ收容シナケレバナラナカッタ。我々ハ三ツノ重大問題ニ直面スルニ至ツタ。

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(一) 此等ノ人々ニ與ヘル如何ナル種類ノ寢臺モ
無イコト

(二) 衣類ヲ替ヘル事

(三) 限ラセタ醫藥品及ビ食料、莫大ナル消費

デアリタシ、私、知ルところ日本ハ一九四五年(昭和二十年)八月十六日迄ハ寢臺トカ寢具トカ其、他、必要ナ調度口口口口、病院用設備ヲ補給シヤウトハニナカツタ、デアル。泰國、戸部隊カラ歸ツテ末々多数ノ兵達ハ板ノ間又ハ「コンクリート」ノ床ノ上ニ横臥シテレバナラナカツタ。

我々ハ衣類ヲ呉レル様訴ヘタガ馬耳東風デアツタ。

十五、一九四四年(昭和十九年)、初メニハ他ノ部隊ガ各地カラ同様ナ状態ニ歸ツテ來タ。

十六、繰リ返シ訴ヘタ結果一九四四年(昭和十九年)四月日本人ハ「ウランギ」ニ別ノ病院ヲ開設スルコトニ決定シタ。我々、残ツテイル寢臺及ビ寢具ハ「ウランギ」ニ運バシ、ソコデハ肺病トカ胃潰瘍等、特ニ長期疾患ヲ治療スル為六百

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人ヲ收容スル病院ヲ設ケル計畫デアツタ、デリス。
此、病院、英豪共同管理、下ニ置ケル、我
我、病院設備ニ殆ド終フ「ヤギ」ニ残サ
レシ。之ニ加ヘルニ直チニ日本人、我々ニ此、全地帯
ヨリ立退キ「ヤギ」刑務所、外郭ニ病院ヲ建
テル構命シテ、コ、兵達ハ百メイト、小
屋ニ住マハサレ、大凡二百二十名、兵が此等、小屋ニ
收容サレナラナカッタ。小屋ハ竹ト椰子
ノ葉ト其、他密林ノ材料デ造リ、其、多ク、雨
が漏ラヌ構ニシテナカッタ。兵達ハプラットフォームニ
横ニテリ、各自、寝場所、六尺ニ三尺イトコロ
デソコダケデ凡テ生活シタケル、ナラナカッタ。更ニ寝
具、毛布等ヲ申請シタガ拒絶サレマシタ。

十七、醫藥品及綢帶、殆ド消費シ盡シタ
ガ日本人、是等ヲ補給スル事ヲ拒ジタ。我々多クノ
者、藥品ニ関スル是等困窮ニ打テ勝ツ方法ヲ
オ互ニ分チ合ウト努カシタ。例ヘ、貧血症ニ対スル
強壯劑トシテ鉄分が收容所内デ我ガ教師、
手デ作レタ。「ビタミ」ノ補給不足、草及ビ或

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ル種、地方、花カラ其、汁液ヲ抽出シテ或ル程
度濃ギマシタ。日本人、我々自身、努力ニ付シ
テ、一向閑果シヤウトシナカッタ。

十八、一九四四年(昭和十九年)六月「ナグアサ」刑務
所地域ニ移転後、食糧事情、逼迫ニテ
来マシタ。日本人、我々、配給ヲ非常ニ減ラシタ
テ一九四五年(昭和廿年)、初頭兵達、非常ニ
顯著ト憔悴状ヲ呈シテキテ、コレハ日本降服
ニ至ル迄段々変化シタノデアル。

十九、此、甚ニイ憔悴ト致シテ四倍病率、
毎ク程増加シタ。斯カル衰弱状態ニツタ兵
達、容易ニ他、疾病例ハ腫物(如キ、タウ、
場合「フテリア」感染ニ)肺病及ビ肺炎等
肺疾患ニ罹リマシタ。一方恐ルベキ食物ヲ攝ッ
タ結果兵達ハ各様、赤痢ヤ下痢ニ罹リシ
ガ爲メタウ、死者ヲ出ヌニ至マシタ。

二十、「ナグアサ」又マトニ其、他、蘭領印度各
地カラ和蘭、英國及豫州、俘虜、大部隊

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が到着シタノデ困難ハ不斷ニ増加スル一オデ
アリマシタ。此ノ人達ハ皆驚クベキ状態デシカ
モ我々ノ主人ハ食物、医薬品、或ハ普通収
容所ノ根本的必需品ニ付テハ何等援助ハ
シマセシデシタ。

二十、衣類ノ缺乏ハ兵達ニ非常ナ不幸ナ結
果ヲ齎シ、一九四五年(昭和廿年)二月頃、玉蜀黍
紅斑病ト認メラレル一種ノ皮膚病が俘虜達ニ
頑固ニ喰ヒ入りマシタ。若シ日本人が適当ノ衣類ヤ
適当ノ食物ヲ給與シタナラバ、此ノ病氣ノ発生ハ避ケ得ラ
レタモト私ハ確信シテキマス。

二十一、我々が抑留セラレタ全期間ヲ通シ疥癬、
各種ノ輪癬、赤痢、「マラリア」及ビ脚氣症、玉
蜀黍紅斑病等ノ如キ一般缺乏症ヲ撲滅スルコト
ハ不可能デアリマシタ。私個人トシテ、考デハ日本人
ハ是等ノ方法デ我々ヲ根絶セシメタノダト思ヒマス。
日本人ノ態度ハ全ク無関心デアッタソシテ其ノ結果
ハ推シテ知ルベシデアリマス。

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二十三、一九四五年(昭和廿年)八月十六日頃、日本人ハ
我々ノ収容所ヘ莫大ナ補給物資ヲ持テ込ミマシタ。
各自ハ少トモ毛布、股引、シャツ、長靴、靴下、各揃
ヒツツ給ヤレタ。食糧ハ非常ニ贅澤ニ

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二十六、千ヤ、ギ、日本陸軍監査事務長、監査師、鈴木大蔵デ、
私、彼、同一、個人、的、三、面、接、シ、タ、カ、私、彼、ハ、幾、度、モ、要、求、ラ、シ、タ、カ、
一、度、モ、同、意、シ、タ、コ、ト、ハ、リ、マ、セ、ン、如、何、ハ、ル、要、求、ニ、對、シ、テ、モ、彼、が、許、可、ヲ、與、
タ、ラ、私、ハ、思、ヒ、出、ス、コ、ト、が、出、来、マ、セ、ン、

二十七、一九四四年(昭和十九年)九月頃、日本人、ハ、食、事、ノ、三、階、級、制、度、ヲ、決、
メ、シ、タ、即、チ、重、労、働、輕、労、働、及、ビ、無、勞、働、デ、ハ、タ、カ、コ、シ、ニ、依、ル、ト、病、
人、ハ、重、労、働、者、ノ、配、給、量、ノ、半、分、ニ、カ、セ、具、合、イ、ト、言、フ、事、ニ、シ、テ、居、タ、
重、労、働、配、給、量、ハ、生、業、者、ニ、取、リ、テ、サ、ヘ、モ、全、ク、不、充、分、デ、ア、リ、タ、ト、我、々、ハ、
考、ヘ、シ、タ、タ、コ、ノ、制、度、ハ、降、伏、ノ、日、迄、繼、續、シ、タ、

二十八、日本人、ハ、又、勞、務、ニ、就、カ、ナ、イ、者、ニ、ハ、及、拂、ヲ、拒、絶、シ、タ、生、業、者、採、
ノ、言、ヒ、マ、ス、ト、病、人、ニ、給、料、モ、食、モ、與、ハ、ナ、イ、ト、言、フ、コ、ト、デ、ア、リ、タ、

「ロイ、エ、ル、グ、ラ、ウ、フ、マ、ー、ク」(署名)

一九四六年(昭和二十一年)九月十三日「プレス、ベ、ン」ニ、於、テ、
余、面、對、シ、テ、直、接、言、セ、リ、

以、安、判、事、

「ア、エ、ッ、ク、グ、ラ、ウ、フ、マ、ー、ク」(署名)

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